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The student, like all men, is a creature who seeks mood changes. Our society and our colleges sanction and encourage the use of many methods for changing mood, including the use of many legal drugs. The student, like many men, also seeks from time to time more profound changes in his state of consciousness. Our society and its colleges are ineffective in preventing and treating problems which arise from abuse of drugs. We seem to be overly vulnerable to the abuse-potential of self-altering drugs. This vulnerability is based, in part, on individual ignorance, prejudice, and emotionalism and on various social, economic, and political pressures and conflicts. Our society and its colleges will continue to be particularly primitive and inept in trying to handle problems related to substances which produce profound changes in the self. (Author/CJ)

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Drugs, The Self and Society[1]

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OFFICE OF EDUCATION

My plan this morning is to develop three propositions about drugs, the self and society, to discuss briefly some of the evidence for and implications of each proposition, and finally to examine in the light of these propositions the problem of the use and abuse of drugs by college students. The three propositions are these:

1. Man seeks mood-change. Our own society positively sanctions and encourages the use of many methods for changing mood, including the use of a wide variety of drugs.

2. Man seeks not only mood-change but also more profound changes in his state of consciousness; our own society tends to discourage these profound experiences, whether spontaneous or induced by drugs or other means, and does not provide a belief-system within which one can comfortably describe and justify this kind of experience to others.

3. Our society is not effective in the control of mood-altering and self-altering drugs. This ineffectiveness, which makes us overly vulnerable to the dangers associated with the use of each of these drugs, is due to ignorance and conflictual, emotional attitudes in the individual and to various pressures and conflicts at the social level.

I. Drugs and The Self

Investigators have applied a number of terms to the drugs which concern us in this conference. Joel Fort, in the excellent chart which is included in your kits, refers to them as mind-altering. They have also been referred to as psychoactive, psychotropic, mood-altering, and consciousness-altering. These drugs have in common some potential for producing subjective effects, for altering private experience. Since until recently the dominant tradition in behavioral science was the focus on overt behavior, the current interest in subjective effects means that phenomena previously overlooked are forcing themselves into the attention of the behavioral scientist. Drug research is helping to speed this post-Watsonian revolution, a revolution in which some psychologists have become involved dispite their original training and intent.

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In 1951-1954 in research at the University of Rochester sponsored by the Office of Naval Research and The National Institute of Mental Health, Helen Nowlis and I, with G. R. Wendt and Austin Riesen, carried out some of the early work in which the motivational effects of various drugs were studied in the laboratory with normal human subjects. Four-man groups came to the laboratory at noon, had lunch, performed various standard tasks, including subjective reports, ingested a drug unknown to them, and performed similar tasks after the drug effects had reached a steady state level. These subjects had been carefully screened both through medical examination and through a long interview dealing with their history of use of common drugs (caffeine, nicotine, alcohol, sugar, chocolate, aspirin, etc.) and of the medical and more exotic drugs. We observed the men throughout each of these long laboratory sessions, recorded their verbal behavior, had dinner with them, watched them during the evening, took them to their residences, and, the next day, interviewed them about the previous day and night, and the subsequent day. The drugs used included antihistamines, barbiturates, and amphetamines in various dosages and combinations. In addition to a hundred or more such sessions with subjects, we psychologists also tried various drugs ourselves on many Fridays through this three year period, spending the day together except when we had other business to perform, such as coping with appointments, committee meetings, seminars, writing, reading, shopping, etc. My diary shows that in addition to the antihistamines, barbiturates, and amphetamines, I tried on these Fridays a wide variety of traditional drugs as well as newly released experimental drugs, and some years later, under different circumstances, LSD. We four psychologists had developed our professional competence and orientation in the behavioral tradition, Wendt at Columbia, Helen Nowlis, Riesen and I at Yale. To our surprise, the drug effects which were most salient and which most interested the subjects and which, on Fridays, most interested us were <u>subjective changes</u> rather than changes in behavior and performance. These drugs were changing mood but we found that very little of a scientific nature was known about mood. One result of this discovery was that I, for one, became very much interested in the concept of mood and continued for some time to do research on mood change in a variety of nondrug situations.

What does a change in mood mean? It means that there is a temporary change in the way in which the individual is <u>disposed</u> to feel, to think, to evaluate and to behave. A change in mood, as disposition, means a change in the probability of occurrence of certain behaviors and experiences. The repertoires of behavior and experience which are involved in drug-induced mood change are so large that we may say that certain aspects of the <u>self</u> change with mood. A drug which alters mood alters the self. It is also important to note that man is frequently dissatisfied with his present self, with the current status of his mood, and seeks to change this mood--at least temporarily. Ordinarily a drug does not produce a completely predictable change in mood, since this change also depends on the predrug mood, on the situation and on the expectancies of the taker, among other things. But that some change or other will occur is predictable with some certainty--as a change in level of activation, concentration, aggression, fatigue, elation, depression, and anxiety. A search through the literature shows that throughout history man has found many ways to change mood--through physical exercise, spiritual exercise, prayer, sex, diet, health nostrums, rest, recreation, bathing, massage, travel, rehabilitation, active and passive participation in all art forms, commercial entertainment, rituals, games, and drugs. Most of these ways in certain circumstances

and for certain individuals, are accepted and even encouraged by our society. The list of drugs which change mood include all of those on Dr. Fort's chart, as well as others. Some are ancient, like alcohol, cannabis, and opium; others are more recent products of our technology, like the tranquilizers, amphetamines and barbiturates, and help to account for the fact that 1/2 of all medical prescriptions last year were for mood-changing drugs. In the near future dozens of new mood-altering drugs will become available for research and for possible general use. With growth of our technology and with our increasing dependence on technology, we can expect that man in his search for self-alteration and mood-change will turn more and more to the relatively quick and inexpensive drugs.

Proposition #1. Man seeks mood change. Our society positively sanctions and encourages the use of many methods for changing mood, including the use of many drugs.

II. Profound Changes in the Self

Several years after I had engaged in the early drug research at Rochester, two investigators, Duncan Blewitt and Archie Levy came to town to consult with us about our instrument (the mood adjective check list) for measuring mood change. They were working with Dr. Abraham Hoffer in Saskatchewan on the effects of LSD and of similar substances. With Helen Nowlis as experienced chaperone, Blewitt, Levy and I each took an active dose of LSD. At that early time - a decade ago - the only literature on LSD which I had read suggested that it produced a psychoticlike state--that is, a bad trip produced by a so-called psychotomimetic. Most unexpectedly, I had a psychedelic or a good trip--due to the fact that Dr. Blewitt was an experienced guide who had already had LSD in many research and therapy sessions and to the fact that I had learned in our own previous research to cope with a variety of drug effects. It soon became obvious in that session, however, that I had never before taken a drug like LSD. It also became obvious that subjectively I was experiencing much more than a mood change. With mood change as induced by moderate doses of other drugs, one is usually on familiar ground--the feelings and thoughts which occur are like those one has had in other circumstances. Thought processes are not disturbed; it is their cognitive and affective content which tends to change from one familiar repertoire to another. By contrast, LSD seems to change the basic thought processes themselves so that one experiences an impressive and intriguing set of unfamiliar perceptions, images, thoughts, evaluations and feelings. While a mood-altering drug may be said to produce a mild temporary change in the self, we can say that LSD tends to produce a profound temporary change in the self; in fact, this temporary change may be so profound that it may result in a lasting if moderate change in the self. Thus under our general rubric of self-altering or mind-altering drugs, we have one large subset which produces moderate changes in the self through change in mood and another small subset (LSD, etc.) which changes the self profoundly through change in the basic processes with which we perceive and evaluate and cope with reality.

You remember that when our earlier research showed that some drugs change mood, we found in reviewing the literature that men in perhaps all societies appear to have had various ways (both drug and nondrug) to change mood. How about these more profound changes, such as those induced

by LSD--do we find in history and in cross-cultural study that man has also found both drug and nondrug ways to induce this kind of profound change in the self? The answer is yes. To the question, why are such profound changes sought, the answer seems to be that such experiences tend to be awesomely impressive, to provide a sense of union with other objects, persons or the entire universe, to provide unexpected insights and new basic orientations, and often to leave the person feeling that he will never again be the same and that he is now somehow a better person.

We enter now the domain of altered states of consciousness, of trance, dream, hypnogogic image, vision, deja-vù, illusion, break-off phenomenon, hypnosis, intoxication, religious experience, ecstasy, and in the current discourse, tripping or tripping out. Let us use the term trance as generic for this kind of modification of the self, whether induced by drug or whether occurring in other ways. In this state one's awareness is so modified that even ordinary stimuli appear differently and one's evaluation of and response to stimuli are different. There are gradations of the intensity of such states and in the amount of behavior and experience which is affected. Some trance states are defined negatively, as in highway hypnosis, when you suddenly realize even though you are driving the car you seem to have paid no attention to the highway or thruway for the preceding 50 miles and you don't know whether you are now between Rochester and Syracuse or Rochester and Buffalo. Or as in playing the piano, you suddenly realize that you have been aware neither of the printed notes nor of the sounds you have been producing for the preceding 5 or 10 minutes, but no one listening to you has been aware that you were in a trance. Most trance states are more positively defined, in terms of the presence of some phenomena. In the hypnogogic state, for example, just before falling asleep, strange, symbolic images may appear, like amoeba, or towering figures; or in the break-off phenomenon, you suddenly find yourself above your bed or outside your airplane looking at yourself there in the bed or there in the plane. Recent studies by Shor, As, Lee, and others find that these and other trance-like phenomena occur normally and spontaneously in a majority of adolescent and adult Americans, sometimes to the level of intensity which Maslow calls a peak experience or even to the very intense level called ecstasy. Here the person reports that he found himself "completely immersed in nature or art and had a feeling of awe, inspiration and grandeur sweep over" him and felt that his whole state of consciousness was somehow altered. Some of the more common circumstances in which these intense experiences occur spontaneously involve love, religion, the contemplation of art, landscape, music, moving colored lights, deep involvement in cooperating with others, and other conditions leading to strong motivation or a high level of concentration.

In other words, spontaneous trances or trips (without drugs) are not rare and are psychologically normal in many Americans. But since they are not culturally normal in our society, we tend to ignore and forget them or at least not report them to others, lest we seem overly introspective, bizarre, unbalanced, or lacking in self-control. Some other cultures have encouraged the trance and have not only treasured such states but have developed and legitimized methods for inducing them--through spiritual exercises, prolonged fasting, prolonged solitude, prolonged dancing or prolonged infliction of pain, as well as with drugs.

Why have certain societies cultivated the achievement of such states--and why are seemingly increasing numbers of young people in our own society seeking such states? The answer, in part, is that when such a trip involves (1) a loss of feeling of time, of space, and of the applicability of words to one's experience, and (2) a sense of union with the contemplated object or with the universe, the person usually feels with awe that something important has happened to him and that the experience has somehow permanently changed him--usually for the better.

Proposition #2. Man seeks not only mood change but also more profound changes in his state of consciousness; furthermore, our society does not positively sanction such profound experiences and does not provide a belief-system within which one can comfortably describe and justify his experience to others.

III. Drugs and Society

Since the temporary or lasting effects produced by a self-altering drug often include changes in the individual which cause him and his society problems, societies tend to control the production, distribution, and possession of all such drugs including those which are legal, acceptable and widely available. As example, let us look at a very valuable but dangerous drug, alcohol, a substance which at present is not fashionably referred to either as dangerous or as a drug.

As pointed out by Dr. Thomas Plaut, the new assistant director of the NIMH Center for the Prevention and Treatment of Alcoholism, a large majority of Americans drink and half of these drinkers drink regularly. Alcohol, like coffee, was once prohibited in our society, and an important minority of Americans still do believe that all drinking is bad. Does alcohol have a significant potential for abuse? When taken regularly for a period of from five to fifteen years it has high potential for both psychological and physical dependence. Of all male persons admitted for the first time to mental hospitals in 1964, approximately one in four was diagnosed as alcoholic. In 1965, there were five million arrests in the U.S. Almost one-third of these arrests were for public drunkenness. An additional one-fourth million arrests were for drunken driving. Dr. Joel Fort has evidence which suggests that one-half of all crimes of violence in our country involve people under the influence of alcohol. The Kinsey Institute has reported a close link between sex offenses and alcohol. Absenteeism and poor performance on the job due to alcohol are a major problem in business and industry. Despite its many values, alcohol has obviously been associated with personal disaster for millions of Americans. Let us also note that the prevention and treatment of problem drinking have been widely and oddly ignored by us both personally and as a society and nation. We should ask why our society is so ineffective in the prevention and treatment of the problems created by and for people who abuse alcohol. In considering this question, we may gain some understanding of the allied question of why we are so ineffective in the control of many other self-altering drugs, whether legal or illegal.

My third proposition is that this ineffectiveness is due to the fact that we are at present overly vulnerable to the dangers associated with the use of any self-altering drug. This vulnerability is due to ignorance, conflict and emotionalism with respect to drugs at the individual level and to various social pressures and disagreements at the social level.

With respect to alcohol, we as individuals show ignorance, conflict and emotionalism in many ways. We joke about drinking and drunkenness but feel uneasy about drinking in the young and in the problem drinker. To the adolescent, we say "all drinking is bad for you" but hasten to congratulate him when he carries his load like a man. We also frighten and disgust him when we ourselves lose control under the influence. For the host, it is de rigueur to keep the guest's glass full even as we worry about his driving himself and others home. As fellow participant in a public or private social event, we don't know quite what to do with a highly intoxicated person. Through our folklore, we attribute various magical charms and powers to alcohol as a means to achieve various desirable mood changes even as we see people repeatedly express and intensify their rebellion and depression and anxiety through alcohol. As parents and teachers, we do not know how to educate our young to drink safely and properly. As citizens, we do not know what to tell our legislators about control of alcohol except for the irrelevant message that we do not want them to legislate morals. To paraphrase Leary and Alpert, we assert that no one has the right to prevent us from temporarily changing our self (i.e., our mood or frame of mine) with alcohol.

These emotional conflicts and stupidities at the individual level are reflected at the social level in continued disagreement between the wets and dries, in great inconsistencies in the state laws and in the way in which they are enforced, in very peculiar advertising practices by the alcohol industry, and in general apathy about and neglect of a major national problem--that of problem drinking. Thus, a drug with great and demonstrated potential for good becomes a source of serious danger in our society. We as a people are still quite primitive in our utilization of this drug to which we have had access throughout history. We can expect even greater vulnerability to the dangers of newer self-altering drugs with which we have had little or no experience, particularly those few which induce profound changes in the self. Since our society is wary and suspicious with respect to any profound subjective experience, we can formulate a corollary to our third proposition: Our society will tend to be overly punitive in the control of psychedelic drugs; such drugs will be public scapegoats, releasing in the public the aggression often felt but rarely expressed toward legal drugs, such as alcohol.

IV. Drugs, the Student and College.

Having developed three propositions in discussing the interrelations among drugs, the self, and society, let us now apply the same propositions to another triad of terms: drugs, the student, and college. With respect to the first proposition, we can ask two questions: do college students differ from the rest of mankind in their interest in changing mood from time to time? Does our society (or does the college itself) differentiate between students and others in legalizing and encouraging the use of mood-altering drugs?

Many college students are at a stage in their personal growth in which there is a marked lability of mood, with great fluctuations in elation and depression, self-esteem, in anxiety and relaxation, in vigor and fatigue. When hung-up in a protracted bad or grim mood of some kind, students have traditionally found that the college and surrounding community provided

means for changing mood: the gym, the library, the theater, the beach, the woods, fields and mountains, the tavern, friends, beloved ones--or a particularly satisfying performance on a paper, project, or exam. More recently, we are beginning to hear complaints that even the most richly endowed colleges and universities are perceived by some students as "unlivable". What kind of sustained mood would make the student perceive Harvard, or Yale, or Berkeley, or your own college as unlivable? At the Washington NASPA Conference in November, four of the speakers (whose papers are included in your kits) supplied some answers to this question. Kenneth Keniston (Drug Use and Student Values) discussed two of the inexorable pressures on good students in good schools, that of cognitive professionalism with consequent frustration of the life of feeling, and that of stimulus flooding with consequent psychological numbing. Richard Blum (Drugs and Personal Values) discussed fourteen different motivational or value systems which college does little to engage or satisfy. Joel Fort (Social Values, American Youth, and Drug Use) identified several characteristics of our society which make it seem unlivable to many young people: Its production of personal tension without provisions of appropriate outlets for that tension--and the overriding presence of poverty, war, prejudice, crime, pollution, illness, corruption, bureaucracy and automation. Richard Alpert (Roundtable on LSD) gave a succinct answer: "Many young people . . .feel most of the avenues for their free growth are somewhat cut off, because society has become so efficient and lockstepped." Let us admit, then, that the undergraduate college years are no longer expected to be the best four years of one's life and that the undergraduate, like the rest of mankind, is often in a grim mood which he wishes to change.

How about our second question? Does society (or the college) differentiate between students and others in legalizing and encouraging the use of mood-altering drugs? Despite various local parietal rules restricting or forbidding use of certain drugs, including tobacco and alcohol, and despite various state laws prohibiting the use of alcohol by young people, the overall social and institutional impact is to encourage the student, like others, to use drugs to change his mood. He sees and hears ads and TV commercials; he has college-sanctioned beer blasts; for the management of his tensions, fatigue and involvement in cramming for exams he is given pills by the college physician, the family physician, and by his parents and friends; and he has grown up with some awareness of the fact that people whom he respects continue in his presence to serve alcohol to those whose drinking has already brought personal disaster to themselves or others. Any confrontation between a student and one of us with respect to the use of any specific drug should inevitably lead to difficult questions about how use of that drug differs from the culturally accepted use of other drugs with potential for abuse, particularly of alcohol.

Our second proposition stated that man seeks not only mood change but also more profound temporary changes in the self, which sometimes produce lasting effects. The developmental stage of the undergraduate typically involves a search for definition and understanding of the self. When this search is frustrated through dissatisfaction with one's work or the response of friends or the meaninglessness of one's society, the student often looks inward. In a book called, "It's Happening," two sociologists, Simmons and Winograd, present a "portrait of the youth scene today." In their glossary they define a trip as "an experience that carries the person outside his

ordinary thoughts and feelings and perceptions and which involves him intensely in the unfolding immediate moment . . . The experience often seems bizarre because one perceives and feels differently almost as if for the first time so that the contrast with how one ordinarily perceives and feels is striking." To turn on is defined as . . . "broadly and generally to be personally entranced and excited and moved by something from a sunset to a symphony to a pretty girl to a playing child to a psychedelic drug. Also means to come alive and carries the implication that conventional society creates people who are not very alive." They also assert, "Tripping out is the most definitive and the most controversial thing that happeners are doing." To understand and to communicate with a student for whom trips are important require an understanding of what a trip is.

Our third proposition stated that our society is overly vulnerable to the dangers of the use of many drugs because of ignorance, prejudice and emotionalism at the individual level and because of pressures and disagreements at the social level. All of these invidious factors are relevant to use and abuse of drugs by students. As Edgar Borgatta reported to the Washington NASPA Conference, most--but not all--students come to college with relatively little or no knowledge about marihuana or about the drugs which are now included in the Drub Abuse Control Amendments of 1965. Even those students almost completely lacking in knowledge probably have mixed attitudes toward some of these drugs because they have heard songs about drugs, have learned slang terms applied to drugs, and have read about laws and arrests involving drugs. These attitudes are probably even more conflictual in the students who have experimented with or who are more knowledgeable about drugs. Further emotionalism is added to these orientations as both the liberal and the conservative student become involved in protests about side issues, like the duty to rebel against arbitrary regulations and unjust laws or the right of other students to experiment with drugs, even though the protesting student may have no desire to try the drug himself.

Social pressures and clashes develop as cliques form which require some drug use for membership and which develop ideologies derived from larger social movements inimical to the current ideology of most colleges and universities. At the Washington meeting we heard the sad story of Antioch, which despite its splended record of being an open society with an outstanding honor code,found that the pot-users tended to form subgroups which rejected the Antioch traditions. As in the case of alcohol, we have not yet learned how to educate young people with respect to drug use and the risks involved in such use. The four men I referred to earlier--Keniston, Blum, Fort, and Alpert--ended their talks with eloquent pleas to improve that education. Alpert suggested that we tell the students that the college is a bad scene for taking psychedelics. Blum reminded us that everyone--students, scholars, and administrators--is supposed to experiment in the college community--and that we should respectfully, thoroughly and lovingly inform students about the risks involved in all experiments. Fort pointed to the conflict between the university as a transmitter of the status quo and the student who wants to learn how to change and improve society. And Keniston reminded us that the great thinkers of our past have been trippers--that is, have been profoundly immersed in creative episodes in which they experienced altered states of awareness--and that we can share those experiences through intercourse with their thought and literature and art.

Any examination of current drug use by students inevitably leads to an awareness of serious inadequacies in our educational and other socialization processes and in our society itself.

In conclusion, here is a summary of the three propositions as applied to the college student.

1. The student, like all men, is a creature who seeks mood changes; i.e., a temporary change in his self. Our society and our colleges tend to permit and encourage the use of many methods for changing mood, including the use of many legal drugs.

2. The student, like many men, also seeks from time to time more profound changes in his state of consciousness. Our society does not ordinarily give positive sanction to such profound experiences, whether drug-induced or attained in other ways.

3. Our society and its colleges are ineffective in preventing and treating the problems which arise from abuse of drugs. We seem to be overly vulnerable to the abuse-potential of self-altering drugs. This vulnerability is based, in part, on individual ignorance, prejudice and emotionalism and on various social, economic and political pressures and conflicts. Our society and its colleges will be particularly primitive and inept in attempting to handle problems related to substances which produce profound changes in the self.